0504	RIMENT O			ION OF HEALTH -	SIAND	ARD CE	KIIFICATE	OF DEATH		62-	-031	193
				gistration District No.	49Prim	nary Registration	District No.	Registrar's N	4. 41	111 51/	ATE FILE NU	MBER
DO NOT WRITE ON THIS STUB	AMENDE	D	_	FILED AUG-2	8_1069		<del></del> _					
VS 300		1	1.	PLACE OF DEATH  a. COUNTY	- 1302			STATE	ENCE (Where dec	OUNTY		Residence before admission)
Rev. 4/59	AMENDED			b. CITY (If outside corporate limit	Jackso		Length of stay in 1	IIVIC	)	Jac	kson	Inside Limits
.,				OR `	· =		1	OR	. , ,			Yes   No
1 1	<b>8</b>			TOWN Kansas c. FULL NAME OF (IF NOT in hos			6 months	- II	<u>ndepend</u>	ence.	'ation'	Reside on Farm
27 5-05	ிய     1			HOSPITAL OR	-		l l	d. STREET ADDRESS	(1)	conside, give loc		Yes No
27	DAT			INSTITUTION Jackson	Counc							1 .00
3			3	NAME OF DECEASED (Type or print)	First	<u></u>	Middle	Last	4. DATE OF	Молтһ	Day	Year
		1	_		Welma			Moore	DEATH	August		1962
4 1			5	· •	R OR RACE	7. Married		<b>=</b> 1	··· I	birthday) IF UN Month		Hours Min.
5 2				Female	<u>W</u>	Widowed	<u> </u>	-   10-2+10c	· - · · · · · · · · · · · · · · · · · ·			1
6	ااا		10	a. USUAL OCCUPATION (Give kind during most of working life, even		10b. KIND OF	BUSINESS OR INDUS	TRY 11. BIRTHPLAC	E (City and state or	r country)   12. (	CITIZEN OF	WHAT COUNTRY
l ———	<u> </u>			during most of working life, even Homemaker		Domes			ı, Missour		USA	
7 0	STORES			. FATHER'S NAME		13b. W	NOTHER'S MAIDEN NA		Į.	NAME OF HUSBAN		
18 ~ 1	1 ! ! !	1	Henry Van Stratten Katherine Neuhauser Harmon L. Moor									
	₹			es, no, or unknown) (If yes, give w		I			County			TZ (1 N5-
<sup>9</sup> 153.8	¥     X		_	NO I	One cause per	line		A Jackson	Country	nospica		TERVAL BETWEEN
10										SET AND DEATH		
11	불	l≸l	]	IMMED	IATE CAUSE (a)		cenoma	Core				Menorou
	3151 T 1	1 1/ 1										
_	17   1	lŏ.	- }			A. A.	•	0.0			1	· Prace
12 7/ -0 1		DOCUMENT		Conditions, if any, which gave rise to	DUE TO (b	Care	inoma	Colon			24	nknow
12 7/ -0 1		000		which gave rise to above cause (a), stating the under-			inoma	Colon			24	nknow
13	SE	000		which gave rise to above cause (a), stating the under- lying cause last.	DUE TO (d	c)					71	nknow
13	INST	)0q  -	rion	which gave rise to above cause (a), stating the under- lying cause last.  PART II. OTHER S	DUE TO (d	c)		Colon  ATH but not related	to the terminal	PART 111. If	deceased re a pregnar	Menous
13	INST	000	ICATION	which gave rise to above cause (a), stating the under- lying cause last.  PART II. OTHER S	DUE TO (	c)			to the terminal	PART 111. If the	re a pregnar	ncy in last 90 days.
13	INST	000	RTIFICATION	which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SI disease co	DUE TO (d IGNIFICANT Condition given i	ONDITIONS CO	DITRIBUTING TO DE			the	re a pregnar	No Unknown
13	INST	000	CERTIFICATION	which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER S disease co	DUE TO (d IGNIFICANT Condition given i	c) ONDITIONS CO In PART I (a)	DITRIBUTING TO DE	ATH but not related		the	re a pregnar	No Unknown
13	INST	000	3	which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER S disease co.  19. WAS AUTOPSY PERFORMED? YES NO 200. TIME OF Hour Month,	DUE TO (d IGNIFICANT Condition given i	ONDITIONS CO	DITRIBUTING TO DE	ATH but not related		the	re a pregnar	No Unknown
13 NO	INST	000	3	which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER S disease co.  19. WAS AUTOPSY PERFORMED? YES NO	DUE TO (c)	ONDITIONS CO	DITRIBUTING TO DE	ATH but not related		the	re a pregnar	No Unknown
13 NO	INST	000		which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER S disease co.  19. WAS AUTOPSY PERFORMED? YES NO Month, 1NJURY OCCURRED.	DUE TO (c) GNIFICANT C) ondition given i DENT SUICIDI Day, Year	ONDITIONS CO	20b. DESCRIBE I	ATH but not related	ED. (Enter nature o	the	Yes h	No Unknown
RIBBON STATES	INSTITUTE OF THE STATE OF THE S	DOC	3	which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SI disease co	DUE TO (c) GNIFICANT C) ondition given i DENT SUICIDI Day, Year	ONDITIONS CO	ONTRIBUTING TO DE	ATH but not related	ED. (Enter nature o	of injury in PART I	Yes h	ncy in last 90 days.  O Unknown of item 18.)
RIBBON STATES	INSTITUTE OF THE STATE OF THE S	)OG	La MEDICAL	which gave rise to above cause (a).  stating the underlying cause last.  PART II. OTHER SI disease co.  19. WAS AUTOPSY PERFORMED? YES   NO   20a. ACCIE PERFORMED? YES   NO   Month, INJURY e.m. p.m.  20d. INJURY OCCURRED WHILE AT WORK   NOT WHILE AT WORK	DUE TO (c) GNIFICANT C) INDICATE SUICIDI Day, Year  20e. PLACE farm, f	ONDITIONS CO	20b. DESCRIBE I	ATH but not related HOW INJURY OCCURR 20f. CITY, TOWN,	ED. (Enter nature o	of injury in PART I	Yes h	ncy in last 90 days.  O Unknown of item 18.)
RIBBON STATEMENT OF THE PROPERTY OF THE PROPER	READ INSTITUTION OF THE INSTITUT	DOC	3	which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SI disease co.  19. WAS AUTOPSY PERFORMED? YES   'NO   20a. ACCIE NOT WHILE AT WORK   NOT WHILE AT WORK   20a. ACCIE NOT WHILE AT	DUE TO (c) GNIFICANT C) INDICATE SUICIDI Day, Year  20e. PLACE farm, f	ONDITIONS CO	20b. DESCRIBE I	ATH but not related HOW INJURY OCCURR 20f. CITY, TOWN,	OR LOCATION	of injury in PART I	Yes PART II	ncy in last 90 days.  To Unknown of item 18.)
RIBBON STATES	READ INSTITUTION OF THE INSTITUT		c Calla MEDICAL	which gave rise to above cause (a). stating the underlying cause last.  PART II. OTHER SI disease co.  19. WAS AUTOPSY PERFORMED? YES NO DESCRIPTION MONTH, INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK Death occurred at 3	DUE TO (condition given in Dent SUICIDIDAY, Year 20e. PLACE farm, f	ONDITIONS CO	20b. DESCRIBE I	ATH but not related HOW INJURY OCCURR 20f. CITY, TOWN, 12-62 the date stated above	OR LOCATION	of injury in PART I	Yes PART II	of item 18.)  STATE  Just Stated.
RIBBON STATES	READ INSTITUTION OF THE INSTITUT	OF	Mc Calla MEDICAL	which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SI disease co.  19. WAS AUTOPSY PERFORMED? YES   'NO   20a. ACCIE NOT WHILE AT WORK   NOT WHILE AT WORK   20a. ACCIE NOT WHILE AT	DUE TO (condition given in Dent SUICIDIDAY, Year 20e. PLACE farm, f	ONDITIONS CO	20b. DESCRIBE I	ATH but not related HOW INJURY OCCURR 20f. CITY, TOWN,	OR LOCATION	of injury in PART I	Yes PART II	of item 18.)  STATE  STATE  22c. DATE SIGNED
BLACK INK OR RITER RIBBON	SHOULD READ INSTI	VIT OF	P.Mc Calla MEDICAL	which gave rise to above ceuse (a), stating the underlying cause last.  PART II. OTHER S disease co.  19. WAS AUTOPSY PERFORMED? YES NO D  20c. TIME OF Hour Month, INJURY e.m. Don't WHILE AT WORK NOT WHILE AT WORK D  21. I attended the deceased from Death occurred at 13.	DUE TO (condition given in Dent SUICIDIDAY, Year 20e. PLACE farm, f	ONDITIONS CO	20b. DESCRIBE I	20f. CITY, TOWN, the date stated above	OR LOCATION  and last saw her a	COU	Yes PART II	ncy in last 90 days.  To Unknown of item 18.)
RIBBON STATES	SHOULD READ INSTI	VIT OF	F.Mc Calla MEDICAL	which gave rise to above cause (a). stating the underlying cause last.  PART II. OTHER SI disease co.  19. WAS AUTOPSY PERFORMED? YES   NO   20a. ACCID NOT INJURY e.m. p.m.  20d. INJURY OCCURRED WHILE AT WORK   NOT WHILE AT WORK   21. I attended the deceased from Death occurred at 13.  22a SIGNATURE   22b. DAT READVAL (Specify)	DUE TO (dignificant Condition given in Dent SUICIDIDAY, Year 20e. PLACE farm, f	ONDITIONS CO	20b. DESCRIBE I  20b. DESCRIBE I  3., in or about home, iffice bldg., etc.)  Pm on	20f. CITY, TOWN, the date stated above 2b. ADDRESS	OR LOCATION  and last saw her as, and to the best of the control o	COU	Yes PART II  I or PART II  INTY  from the ca	of item 18.)  STATE  STATE  22c. DATE SIGNED  (State)
RIBBON STATES	NO. SHOULD READ INSTITUTE OF THE STATE OF TH	OF	J. N. P.Mc Calla MEDICAL	which gave rise to above ceuse (a), stating the underlying cause last.  PART II. OTHER S disease co.  19. WAS AUTOPSY PERFORMED? YES NO D  20c. TIME OF Hour Month, INJURY e.m. Don't WHILE AT WORK NOT WHILE AT WORK D  21. I attended the deceased from Death occurred at 13.	DUE TO (dignificant Condition given in Dent SUICIDIDENT SUICIDIDEN	ONDITIONS CO	20b. DESCRIBE I  20b. D	20f. CITY, TOWN, the date stated above 2b. ADDRESS	OR LOCATION  and last saw here, and to the best of the control of	COU	Yes PART II  Or PART II  From the calculation of th	of item 18.)  STATE  STATE  22c. DATE SIGNED  (State)
RIBBON STATES	SHOULD READ INSTI	VIT OF	J. J. W. Calla MEDICAL	which gave rise to above ceuse (a) stating the underlying cause last.  PART II. OTHER SI disease co.  19. WAS AUTOPSY PERFORMED? YES NO MORE  20c. TIME OF Hour Month, p.m.  20d. INJURY OCCURRED MONTH WHILE AT WORK MORE MORE MORE MORE MORE MORE MORE MORE	DUE TO (dignificant Condition given in Day, Year 20e. PLACE farm, f	OP INJURY (e.g. actory, street, o	20b. DESCRIBE I  20b. DESCRIBE I  g., in or about home, office bldg., etc.)  Pm on  E OF CEMETERY OR C  1 awn Cemet	20f. CITY, TOWN,  20f. ADDRESS  ACLSon  EMATORY	OR LOCATION  and last saw here, and to the best of the control of	COU  alive on Soft my knowledge, (City, town, or couldence, Mi	Yes PART II  Or PART II  From the calculation of th	of item 18.)  STATE  STATE  22c. DATE SIGNED  (State)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is	s recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
vorking under my personal supervision.	2/////
itudentSignature of Student Embalmer	Signed Sharby . Tyle
	Licensed Embalmer No. 4534
	P. O. Addres The Tylk

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

. If this body is not embalmed, fact should be so stated above.